

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L26511**

(0)

1. Corporation Name

YEEND CORPORATION

Principal Place of Business

**1109 S CONGRESS AVE
WEST PALM BEACH FL 33406
US**

Mailing Address

**1109 S CONGRESS AVE
WEST PALM BEACH FL 33406
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**YEEND, JOHN M
1109 SOUTH CONGRESS AVE
WEST PALM BEACH FL 33406**

3. Date Incorporated or Qualified

10/30/1989

3a. Date of Last Report

04/19/1995

4. FEI Number

65-0150291

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
YEEND, JOHN
STREET ADDRESS
1564 WOODS BEND RD
CITY-STATE-ZIP
WEST PALM BEACH FL

2. TITLE ☐ DELETE

NAME
PAJENSK, LORI
STREET ADDRESS
1027 AVIARY RD
CITY-STATE-ZIP
WELLINGTON FL

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

3. NAME

4. STREET ADDRESS

5. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

4. NAME

5. STREET ADDRESS

6. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

5. NAME

6. STREET ADDRESS

7. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

7. NAME

8. STREET ADDRESS

9. CITY-STATE-ZIP

7. TITLE ☐ Change ☐ Addition

8. NAME

9. STREET ADDRESS

10. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee, am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

407-642-4200

CR2E034 (12/95)